



TD# 764207

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
ROAD PERMIT APPLICATION

Pre-inspection Request.
R.F.S. #: _____

DATE: 03/27/2014

SUBDIVISION ID NO. (DS - PC - PM - TR) _____

PLEASE PROVIDE ALL INFORMATION REQUESTED ON THIS FORM.

COMPLETE PERMIT APPLICATION PACKAGES WILL BE PROCESSED IN THE ORDER RECEIVED.
THE OMISSION OF ANY REQUESTED INFORMATION MAY RESULT IN PERMIT PROCESSING DELAY.

OWNER/APPLICANT: Cindy Verrengia / SCE Jacquie Aguilar PHONE: (714) 318-9804
2/1/14 signed by Jacquie Aguilar
2/1/14 signed by Cindy Verrengia
Date 2/1/14 11:15:12 -0800

eDAPTS
PROFESSIONAL ID _____

PRINT NAME

SIGNATURE (REQUIRED)

COMPANY NAME SCE

ADDRESS: 298 Kansas Street
STREET

Redlands
CITY

92373
ZIP CODE

FAX: () **CELL:** (714) 318-9804 **EMAIL ADDRESS:** cindy.verrengia@sce.com

hereby makes application to perform work within the Public Highway at the following described locations, subject to the provisions required by the Highway Permit Ordinance (Division 1 of Title 16 Los Angeles County Code) as amended or the Municipal Code and city ordinance of the city for which this permit is issued, the attachments hereon specified, AND THE SPECIFIED REQUIREMENTS INDICATED ON THE REVERSE SIDE. In consideration of the granting of this permit, it is agreed by the applicant that the County of Los Angeles and the city wherein the permit work is to be performed and any of the officers or employees, thereof, shall be saved harmless by the applicant from any liability or responsibility for any accident, loss or damage to persons or property, happening or occurring as the proximate result of any of the work undertaken under the terms of this application and the permit or permits which may be granted in response thereto, and that all of said liabilities are hereby assumed by the applicant. It is further agreed that if any part of the work, authorized by this permit, interferes with the future use of the highway by the general public, it must be removed or relocated as designated by the Road Commissioner or Director of Public Works at the sole expense of the permittee or its successor in interest. This permit is void if the permittee is not in compliance with Section 3800 of the labor code. **IT IS FURTHER AGREED THAT THE OWNER/APPLICANT IS THE FINANCIALLY RESPONSIBLE PARTY FOR ALL FEES, DEPOSITS, CHARGES, COLLECTIONS AND REFUNDS, REGARDLESS IF PAYMENT IS MADE BY OTHERS.**

☐ AGENT ☐ CONTRACTOR ☐ CONSULTANT ☐ CONTACT ☐ OTHER _____

PRINT NAME _____ **PHONE:** _____
COMPANY NAME SCE
ADDRESS: 505 Maple Avenue Torrance 90503
STREET CITY ZIP CODE
FAX: () **CELL:** () **EMAIL ADDRESS:** cindy.verrengia@sce.com

SITE ADDRESS: 13202 Downey Avenue Paramount **ASSESSOR'S PARCEL NO.:** _____
CITY: Paramount **THOMAS GUIDE PAGE & GRID** 735B1
LOCATION DESCRIPTION: Sidewalk

SCOPE OF WORK: SCE to replace Det Pole #1116370E. Single lane closure for truck's to park. Traffic control per MUTCD.

PLEASE COMPLETE THE FOLLOWING WHERE APPLICABLE

PERMITTEE WORK ORDER NO.: TD #764207 **USA "DIG ALERT" NO.:** _____
Customer/Vendor ID Number _____ **Address ID Number** _____
PIPE OR CONDUIT MATERIAL TYPE: _____ **SIZE:** _____ **LENGTH:** _____
EXCAVATION LENGTH: _____ **WIDTH:** _____ **TYPE OF SURFACE:** _____

PERMIT TYPE:		FOR LOS ANGELES COUNTY PERMIT OFFICE USE ONLY	
<input type="checkbox"/> CONSTRUCTION	<input type="checkbox"/> ENCROACHMENT	<input type="checkbox"/> ENCROACHMENT ANNUAL	<input type="checkbox"/> EXCAVATION
<input type="checkbox"/> EXCAVATION ANNUAL			
ISSUANCE FEE: \$	(Non-Refundable)	DATE RECEIVED:	
PROCESSING FEE: \$	(Non-Refundable)	RECEIVED BY:	
PLAN CHECK: \$	(Calculated Fee or Actual Cost Deposit)	PERMIT TRACKING NO:	
INSPECTION: \$	(Calculated Fee or Actual Cost Deposit)	PERMIT WRITER:	
SECURITY DEPOSIT: \$	(Refundable upon completion of work)	DATE APPROVED FOR ISSUANCE:	
TOTAL: \$	Payment Type: CASH	CHECK (#)	



LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS

Acknowledgement Best Management Practices (BMP) Attachment

DATE: 03/27/2014 PERMIT NO. _____

OWNER/APPLICANT: Cindy Verrengia / SCE *Cindy Verrengia* PHONE: (714) 318-9804
PRINT NAME WET SIGNATURE (REQUIRED)

ADDRESS: 298 Kansas Street Redlands 92373
STREET CITY ZIP CODE

FAX: () CELL: (714) 318-9804 EMAIL ADDRESS: cindy.verrengia@sce.com

AGENT/CONTACT: Cindy Verrengia / SCE *Cindy Verrengia* PHONE: (714) 318-9804
PRINT NAME WET SIGNATURE (REQUIRED)

ADDRESS: 505 Maple Avenue Torrance 90503
STREET CITY ZIP CODE

FAX: () CELL: () EMAIL ADDRESS: cindy.verrengia@sce.com

hereby acknowledges reading, understanding, and agreeing to comply with the Best Management Practices (BMP) Attachment in accordance with Los Angeles County Code Chapter 12.80 Stormwater and Runoff Pollution Control.

SITE ADDRESS: 13202 Downey Avenue Paramount
Street City Zip Code

NEAREST INTERSECTION: Gardendale/Downey THOMAS GUIDE: 135-J1

PLEASE SUBMIT THIS DOCUMENT WITH THE APPLICATION



1116370E

City Engineer	<i>[Signature]</i>	City Engineer
Date	4/1/15	



SEE WHITTIER
DISTRICT MAP
47/080-4239-1

SCE Crew to replace pole
1116370E

SCE Truck parked 1-Lane

Approved by
City of Paramount
City Engineer
[Signature]
Date 4/11/14

11-86
THOMAS
MAP
735

SCALE IN FEET
0 100 200 300 400
SCALE IN METERS
0 30 60 90 120

3-13 SSARE 7-13 RMACD
5-12 ACALD 9-12 MHERN

078-4239-1

COMPTON (WHITTIER)